



IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

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BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

November 19, 2007

Sandra Bruce, Administrator
St. Alphonsus Regional Medical Center
1055 North Curtis Road
Boise, ID 83706

RE: St. Alphonsus Regional Medical Center, provider #130007

Dear Ms. Bruce:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at your facility, St. Alphonsus Regional Medical Center, on November 5, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

FILE COPY

Sandra Bruce, Administrator
November 19, 2007
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **December 3, 2007**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark P. Grimes', followed by a horizontal line.

MARK P. GRIMES
Health Facility Surveyor
Facility Fire Safety and Construction Program

MPG/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 12/12/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130007	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 - ENTIRE HOSPITAL INCLUD B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2007
NAME OF PROVIDER OR SUPPLIER ST ALPHONSUS REGIONAL MEDICAL CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 1055 NORTH CURTIS ROAD BOISE, ID 83706		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>The Saint Alphonsus Regional Medical Center campus buildings that were surveyed are Type II (222) and Type I (433) structures with completion dates in the late 1960's through to include 2007. The Central Tower and Free Standing Emergency Department (FSED) were surveyed under the 2000 Life Safety Code Chapter 101, New Health Care Occupancies, with other buildings surveyed under the 2000 Life Safety Code Chapter 101, Existing Health Care Occupancies. Buildings surveyed included: Central Tower, FSED, Surgery Center, South Tower, North Tower, Emergency Department, Orthopedic Institute, Family Medical Center and Behavioral Health. The long term care Transitional Care Unit survey results are included in a separate report. The survey was conducted in accordance with CFR 485.623.</p> <p>The following deficiencies were cited:</p> <p>The surveyors conducting the survey were:</p> <p>Mark Grimes, Supervisor Facility Fire/Life Safety and Construction Program</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p> <p>Christopher Laumann Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPrinted: 11/08/2007
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K 020	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.</p> <p>This Standard is not met as evidenced by: Based on observation and staff interview, it was determined that the facility had not ensured that separations of levels were maintained at a one-hour rating. The findings include:</p> <p>Observation on November 5, 2007 at 2:30 p.m disclosed that there was breached separation between the small central elevator lobby and the corridor/surrounding compartment. The gypsum board above the ceiling tiles had been cut out in a small area around a fire alarm junction box. Lack of gypsum board allowed potential for heat/smoke to immediately leak to another smoke compartment and not maintain one-hour separation between floor levels. Staff stated at the time of the observation that the opening had been cut during a recent alteration to the building. This condition was observed by the surveyor, maintenance staff and Safety Director.</p>	K 020	<p>This was repaired</p> <p><i>affected: Ø</i> <i>others affected: Ø</i> <i>systemic changes: bldg mgmt</i> <i>Plan-fully inspection.</i> <i>Systemic changes monitored.</i> <i>by who/how</i> <i>Safety Director &</i> <i>Facility maint mgr</i></p>	11-06
K 027	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1½-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches</p>	K 027		

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K 027	<p>Continued From page 2</p> <p>from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7</p> <p>This Standard is not met as evidenced by: Based on observations during the facility tour it was determined that the facility failed to ensure that doors in smoke barriers would self close and resist the passage of smoke and fire. The following deficiencies during a fire would compromise the integrity of egress corridors by allowing the immediate passage of smoke and fire gasses.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During the tour of the North Tower facility on November 5, 2007 at 10:51 AM, observation of the smoke doors by Al's Gym in the basement revealed that they would not self close when released from the open position. This was observed by the surveyor and the Engineering Supervisor. 2. During the tour of the North Tower facility on November 5, 2007 at 11:52 AM, observation of the smoke doors by the West Mechanical shaft on the second floor revealed that they would not self close when released from the open position. This was observed by the surveyor and the Engineering Supervisor. 3. During the tour of the Emergency Department 	K 027	<p><i>Noted: P others affected systemic changes for gymnasium systems - for water, manually systemic changes monitored out by who/have Safety Director & Facility Maintenance Mgr</i></p> <p>The doors by Al's Gym were Restored to intended function</p> <p>The doors were repaired</p>	<p>11-8</p> <p>11-7</p>

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K 062	<p>Continued From page 4</p> <p>corridor ceiling sprinkler head by the third floor reception desk revealed that the sprinkler head water deflector was slightly above the bottom of the ceiling tile. This was observed by the surveyor and the Engineering Supervisor.</p> <p>2. During the tour of the North Tower facility on November 5, 2007 at 1:47 PM observation of the third floor elevator lobby soiled linen room revealed that the sprinkler head water deflector was covered with torn plastic strips from trash bags. This was observed by the surveyor and the Engineering Supervisor.</p> <p>3. During the tour of the North Tower facility on November 5, 2007 at 2:47 PM observation of the fifth floor patient elevator lobby trash room revealed that the sprinkler head water deflector was covered with torn plastic strips from trash bags. This was observed by the surveyor and the Engineering Supervisor.</p>	K 062	<p>A P.O. has been initiated to start the permit process to modify the sprinklers to recessed type . Treasure Valley Fire Protection has been contracted to complete this work on an expedited basis</p>	

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Bureau of Facility Standards

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B 000	<p>16.03.14 Initial Comments</p> <p>The Saint Alphonsus Regional Medical Center campus buildings that were surveyed are Type II (222) and Type I (433) structures with completion dates in the late 1960's through to and including 2007. The survey was conducted in reference to New Health Care and Existing Health Care Occupancies NFPA Life Safety Code 2000, and the Rules and Minimum Standards for Hospitals in Idaho-1988. Refer to CMS form 2567 and to K Tags K020, K027 and K062.</p> <p>The surveyors conducting the survey were:</p> <p>Mark Grimes, Supervisor Facility Fire/Life Safety and Construction Program</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p> <p>Christopher Laumann Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	B 000		
BB161	<p>16.03.14.510 Fire and Life Safety Standards</p> <p>Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals. General Requirements. General requirements for</p>	BB161		

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(X6) DATE

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If continuation sheet 1 of 2

Bureau of Facility Standards

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BB161	Continued From Page 1 the fire and life safety standards for a hospital are that: The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public. This Rule is not met as evidenced by: Refer to the following Federal tags on CMS 2567: 1. K027 Smoke barrier doors to be self closing and resist the passage of smoke. 2. K062 Sprinkler systems continuously being maintained in reliable operating condition. 3. K020 Vertical Openings and 1-hour separation.	BB161	1. All doors were repaired by 2. A P.O. has been initiated to start the permit process to modify the sprinklers to recessed type . Treasure Valley Fire Protection has been contracted to complete this work on an expedited basis 3. This was repaired <i>Refer to K-tag K020; K027; K062 on CMS 2567 form</i>	11-8	11-06

DATE FORM

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XHUB21

If continuation sheet 2 of 2